

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | |
|---|--|--|--|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number (Optional) 418268874US | | |
| Application Number | 10/792,349-Conf. #4529 | Filed March 3, 2004 | | |
| For SYSTEM AND METHOD FOR EFFICIENTLY TRANSFERRING MEDIA DATA ACROSS FIREWALLS | | | | |
| Art Unit | 2432 | Examiner B. E. Lanier | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee \$130 | Small Entity Fee \$65 | \$ _____ |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ 490.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by EFT Account SEA1PIRM has already been authorized. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | | |
| <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,273</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | | |
|  <u>Maurice J. Pirio</u> Signature | | | | |
| <u>March 31, 2009</u> Date | | | | |
| <u>(206) 359-8000</u> Telephone Number | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| <input type="checkbox"/> | Total of <u>1</u> forms are submitted. | | | |